

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Kathy Fatica</i>						
STREET ADDRESS <i>41623 Southern Dr</i>						
CITY <i>Cire</i>		STATE <i>PA</i>		ZIP CODE <i>16506 -</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Erie County Comm</i>	DISTRICT NO. <i>1</i>	PARTY <i>D</i>	DATE OF ELECTION		
				MO. <i>11</i>	DAY <i>07</i>	YEAR <i>17</i>
1. 6TH TUESDAY PRE-PRIMARY				FOR OFFICE USE ONLY		
2. 2ND FRIDAY PRE-PRIMARY				2017 DEC -5 PM 12:45 ERIE COUNTY VOTER REGISTRATION <i>OK</i>		
3. 30 DAY POST-PRIMARY						
4. 6TH TUESDAY PRE-ELECTION						
5. 2ND FRIDAY PRE-ELECTION						
6. 30 DAY POST-ELECTION						
7. ANNUAL REPORT						
DATES OF REPORTING PERIOD		TO				
MO. DAY YEAR <i>10 28 17</i>				MO. DAY YEAR <i>11 27 17</i>		
CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>						
AMENDMENT REPORT?		YES	NO			
TERMINATION REPORT?		YES	NO			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF 20

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE

DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

4 DAY OF December 20

SIGNATURE
Linda S. McCabe

MY COMMISSION EXPIRES MO. DAY YR.
04 24 2021

SIGNATURE OF CANDIDATE
Kathy Fatica

PRINTED NAME
Kathy Fatica

AREA CODE DAYTIME TELEPHONE NUMBER
814 881-7370

Department of State • Secretary of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280